

DACA VI, LLC  
 1565 Hotel Circle South, Suite 310  
 San Diego, CA 92108  
 Ph. 619-220-8900/ Fax 619-220-8112

UNITED STATES BANKRUPTCY COURT  
 FOR THE EASTERN DISTRICT OF NEW YORK

In re:

DOWLING COLLEGE

Debtors.

) CHAPTER 11  
 )  
 ) Case No. 16-75545 (REG)  
 )  
 )  
 ) **NOTICE OF TRANSFER OF CLAIM**  
 ) **OTHER THAN FOR SECURITY AND**  
 ) **WAIVER OF NOTICE**  
 )  
 ) Bankruptcy Rule 3001 (e)(1)

PLEASE TAKE NOTICE that the scheduled claim of **BILL FOX CO** ("Transferor") against the Debtor in the amount of **\$423.00**, as listed within Schedule E/F of the Schedules of Assets and Liabilities filed by the Debtor, and all other claims of Transferor have been transferred and assigned other than for security to DACA VI, LLC ("DACA"). The signature of the Transferor on this document is evidence of the transfer of the claims and all rights there under. Transferor hereby agrees to waive notice as described by Bankruptcy Rule 3001(e)(1).

I, the undersigned Transferor of the above-described claims, hereby assign and transfer my claims and all rights there under to DACA upon terms as set forth herein and in the offer letter received. I represent and warrant that the claim is not less than **\$423.00** and has not been previously objected to, sold, or satisfied. Upon notification by DACA, I agree to reimburse DACA a portion of the purchase price if the claim is reduced, objected to, or disallowed in whole or in part by the Debtor. Such reimbursement would be calculated as follows: dollar amount of claim reduction multiplied by the purchase rate. Other than as stated above, DACA assumes all risks associated with the debtor's ability to distribute funds. I agree to deliver to DACA any correspondence or payments received subsequent to the date of this agreement and authorize DACA to take any steps necessary to transfer this claim and all claims we hold against the above debtor into their name. The clerk of the court is authorized to change the address regarding the claim of the Transferor to that of the Transferee listed below.

TRANSFEROR:

**BILL FOX CO**

310-8 HALLOCK AVE PORT JEFFERSON STA NY 11776

Print Name JoAnn Cohen Title Office Manager

Signature [Signature], Off Mgr. Date 01-06-2017

Updated Address if needed) \_\_\_\_\_

Phone (631) 473-3344 Fax (631) 473-7843 E-Mail sales@foxandsansco.com

Federal Tax Identification / Social Security Number: \_\_\_\_\_

TRANSFeree:

**DACA VI, LLC**

1565 Hotel Circle South, Suite 310, San Diego, CA 92108

Signature:

[Signature]  
 Andrew Whatnall

Mail Ref# 1-106  
 3063404